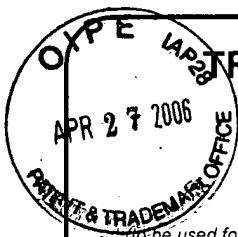


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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/657,144
Filing Date	September 9, 2003
First Named Inventor	David Alexander
Art Unit	3715
Examiner Name	Maria Stoica
Total Number of Pages in This Submission	Attorney Docket Number
	IMMR-IMD0002E

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee by Credit Card <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	THELEN REID & PRIEST LLP		
Signature			
Printed Name	Suvashis Bhattacharya		
Date	April 25, 2006	Reg. No.	46,554

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David Alexander et al.

SERIAL NO.: 10/657,144 CONFIRMATION NO.: 1898

FILING DATE: September 9, 2003

TITLE: Interface Device and Method for Interfacing Instruments to Medical Procedure Simulation Systems

EXAMINER: Stoica, Maria

TELEPHONE: (571) 272-5564

FAX: (571) 273-8300

ART UNIT: 3715

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop: AF Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date printed below:

Date: 4/25/06Name: Beatrice Bailey

Beatrice Bailey

Mail Stop: AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This paper is responsive to the Final Office Action mailed January 25, 2006. Please amend the above-identified application as follows:

Listing of Claims begins on page 2 of this paper.

Remarks begin on page 8 of this paper.